

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	1		1			
17		1		1		
18	1			1		
19		1				
20	1					
21	1					
22	2					
23	0					
24	0					
25	0					
26	0					
27	1		1			
28	1			1		
29	2					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	1		1			
38	1			1		
39	2					
40	1		1			
41	1		1			
42						
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47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			33			
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						